

Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 9/20/2013

Address: PORT WILLIAMS RD

Incident #: 13ISPC009512

WILLIAMS, IN

County: LAWRENCE

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☒ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open – No Structure
☐ Vehicle ☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ One Pot or Birch Reaction(s): RESIDENCE
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Hydrochloric Acid Gas Generator(s): RESIDENCE
☒ Flammable Solvents: RESIDENCE
☒ Water Reactive Metal (Lithium): RESIDENCE
☐ Anhydrous Ammonia: _____
☐ Corrosive Acid: _____
☒ Corrosive Base: RESIDENCE
☐ Other (item and location): _____

Vehicle Information:

Owner:

Make:

VIN:

Model:

Year:

Child under age 18 discovered (check appropriate)

- ☐ Yes _____ (number present)
☒ No
☐ Children not present but evidence they reside
or visit often

Living conditions of home: ☐ clean ☐ disarray
☒ unclean

Estimated length of time manufacturing had been
occurring: MONTHS

Additional Information: _____

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department City, Township or County TWP FD

Fax: HAND DELIVERED

Health Department County: LAWRENCE CO

Fax: 812-275-1094

Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: JON PATRICK

Phone 812-332-4411

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.